

AUTO CR - LOG SUMMARY #1067772

TYPE: EO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE DETAINEE WAS ESCORTED TO A HOLDING CELL AT WHICH TIME THE OFFENDER SPIT BLOOD AND SALIVA AT PO ROSALES STRIKING HIM IN THE FACE, NECK AND SHOULDER.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PLATT, MARY E			025 /	LIEUTENANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
04-MAR-2014 12:15 - 04-MAR-2014 12:15		2515	025	281 - JAIL / LOCK-UP FACILITY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Detainee						M	BLK		
CPD Employee	Involved Member	ROSALES, ANTHONY B	5516		025 /	POLICE OFFICER	M	API		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	INITIATED BY LT PLATT EMP NO. 3412		

Incident Category List

Incident Category	Primary?	Initial?
04Z - GROUP 04 - ARREST/LOCKUP PROCEDURES MISCELLANEOUS	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	25-MAR-2014 04:05	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	07-MAR-2014 09:26	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Detainee spat on lockup keeper. No allegations against lockup keeper who was the victim. No use of force used in response to the actions of the detainee.
PENDING SUPERVISOR REVIEW	07-MAR-2014 08:25	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	07-MAR-2014 08:23	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	return
PENDING SUPERVISOR REVIEW	07-MAR-2014 08:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	05-MAR-2014 08:50	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	05-MAR-2014 08:47	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	edit
PENDING SUPERVISOR REVIEW	05-MAR-2014 08:45	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	04-MAR-2014 01:56	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT PLATT Emp No. 

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GONZALEZ, JORGE	04-MAR-2014 01:56			
	DOCUMENTS - INTAKE INCIDENT		2	Officer Ritchey, Mark R.#14979	N	TOUSANT, LISA	07-MAR-2014 08:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Officer Picicco, Luigi#6896	N	TOUSANT, LISA	07-MAR-2014 07:59	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	TOUSANT, LISA	07-MAR-2014 07:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Rosales, Anthony#5516 Including Battery Report	N	TOUSANT, LISA	07-MAR-2014 08:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Officer SENG, Erick#15746	N	TOUSANT, LISA	07-MAR-2014 08:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	TOUSANT, LISA	07-MAR-2014 07:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	TOUSANT, LISA	07-MAR-2014 07:44	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Aaron Daly#9118, Officer Erick Seng#15746	N	TOUSANT, LISA	07-MAR-2014 07:46	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Kieres, Geoffrey#16673 Including TRR	N	TOUSANT, LISA	07-MAR-2014 08:09	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		7	OUSLEY, Gregory T	N	TOUSANT, LISA	07-MAR-2014 07:39	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		2	Officer Kieres, Geoffrey#16773	N	TOUSANT, LISA	07-MAR-2014 07:47	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Ritchey, Mark#14979 Including TRR	N	TOUSANT, LISA	07-MAR-2014 08:16	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	Officer Picicco#6896 Including Tr	N	TOUSANT, LISA	07-MAR-2014 08:12	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 04-MAR-2014) - LOG #1067772

TYPE: EO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	PLATT, MARY E			025 /	LIEUTENANT OF POLICE	F	WHI		

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Incident Details

CR Required?		Manner Incident Received?	BELL
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
04Z - GROUP 04 - ARREST/LOCKUP PROCEDURES MISCELLANEOUS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	04-MAR-2014 01:56	GONZALEZ, JORGE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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PRELIMINARY	05-MAR-2014 08:50	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	05-MAR-2014 08:47	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	edit
PENDING SUPERVISOR REVIEW	05-MAR-2014 08:45	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	04-MAR-2014 01:56	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT PLATT Emp No. 3412

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

OFFENDER		ARREST REPORTING	
Name:	[REDACTED]	Beat: 2533	Male
Res:	[REDACTED]		Black
	Unknown		6' 03"
DOB:	[REDACTED]		185 lbs
AGE:	31 years		Brown Eyes
POB:	Illinois		Black Hair
ARMED WITH	Unarmed		Short Hair Style
			Medium Brown
			Complexion
			US Veteran
Arrest Date: [REDACTED]		TRR Completed? Yes	Total No Arrested: 1
Location: [REDACTED]		Beat: 1531	Co-Arrests
Holding Facility: District 025 Male Lockup		Dependent Children? No	DCFS Ward ? No
Resisted Arrest? Yes			Assoc Cases
CHARGES		Victim	
1	Offense As Cited 720 ILCS 5.0/21-3-A-2 CRIMINAL TRESPASS TO LAND Class B - Type M	Thamar Inc	
2	Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Illinois, Ritchey #14979	
3	Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Illinois, Kieres #16773	
4	Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Illinois, Picicco #6896	
5	Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Illinois, Seng #15746	
6	Offense As Cited 720 ILCS 550.0/4-D CANNABIS - POSSESS 30-500 GRMS Class 4 - Type F	State Of Illinois, Ritchey #1497	
7	Offense As Cited 720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, Ritchey #1497	
8	Offense As Cited 720 ILCS 5.0/12-3.05-D-4	State Of Illinois, Kieres #16773	

ARREST REPORTING

9	Offense As Cited	AGG BATTERY/PEACE OFFICER	State Of Illinois, Picicco #6896
		Class 2 - Type F	
10	Offense As Cited	720 ILCS 5.0/12-3.05-D-4	State Of Illinois, Rosales #5516
		AGG BATTERY/PEACE OFFICER	
		Class 2 - Type F	
		AGG BATTERY/PEACE OFFICER	
		Class 2 - Type F	

FELONY REVIEW	Felony Review : Approved 04 MAR 2014 04:32 Djulabic, State's Attorneys's Office			

RECOVERED NARCOTICS	Type	Approx. Weight/Quantity	Units	Estimated Street Value
	Suspect Cannabis	57	GRAMS	\$570.00

WARRANT	NO WARRANT IDENTIFIED			

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: THAMAR INC

Res: 5035 W Division St
Chicago, IL 60651
773-261-6980

Beat: 1531

DOB:

Age:

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

Empl: 5035 W Division St
Chicago, IL 60651
773-261-6980

Beat: 1531

WITNESS

Name:

Res:

Beat: 832

Male

Black

DOB:

Age: 51 years

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

Empl:

Beat: 1531

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Ritchey #14979

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Kieres #16773

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Picicco #6896

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Rosales #5516

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No Deceased? No

Hospitalized? No

Treated and Released? No

NON-OFFENDER(S)

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Seng #15746

Empl: 5555 W Grand Ave
Chicago, IL 60639
312-746-8605

Beat: 2515

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

██████████ NAMED OFFENDER WAS ARRESTED ON SIGNED COMPLAINTS IN THAT HE KNOWINGLY REMAINED UPON THE LAND AT LISTED LOCATION AFTER RECEIVING NOTICE FROM OWNER/OCCUPANT TO DEPART. R/O'S ATTEMPTED TO PLACE OFFENDER INTO CUSTODY, AT WHICH TIME OFFENDER RESISTED ARREST BY STIFFENING HIS BODY AND FLAILING HIS ARMS IN AN ATTEMPT TO DEFEAT CUSTODY. SEARCH INCIDENT TO ARREST REVEALED 57 CLEAR, PLASTIC ZIPLOCK BAGGIES CONTAINING A CRUSHED, GREEN PLANT LIKE SUBSTANCE, SUSPECT CANNABIS, IN A CLEAR, PLASTIC ZIPLOCK BAG IN OFFENDER'S FRONT LEFT JACKET POCKET (INVENTORY UNDER ██████████). R/O'S RELOCATED TO 025 FOR PROCESSING. WHILE AT 025, OFFENDER WOULD NOT COMPLY WITH A/O'S VERBAL COMMANDS AND BECAME AGGRESSIVE WHEN A/O'S ATTEMPTED TO PLACE HIM BACK IN HANDCUFFS. OFFENDER BEGAN FLAILING HIS ARMS, KICKING HIS LEGS, AND STIFFENING HIS UPPER BODY IN AN ATTEMPT TO INJURE A/O'S AND ATTEMPT TO DEFEAT A/O'S CUSTODY. OFFENDER STRUCK A/O'S SEVERAL TIMES. OFFENDER WAS ESCORTED BACK TO PRISONER LOCK UP AND PLACED IN A HOLDING CELL AT WHICH TIME OFFENDER SPIT BLOOD AND SALIVA AT PO ROSALES (#5516) STRIKING HIM IN THE FACE, NECK, AND SHOULDER. AREA NORTH DET. NAUGHTON (#21138) NOTIFIED @0115 HRS. DET. KOLLIPOULOS (#2238, BEAT 5321) ARRIVED AT 025 @0225 HRS. PRISONER PERSONAL PROPERTY INVENTORIED UNDER ██████████ VIN GIVEN. NAME CHECK VIA LEADS REVEALED NO 2DA/GIPP. NO WARRANTS/NO INVESTIGATIVE ALERTS. ET ORDERED VIA CITYWIDE 2 @0315 HRS.

COURT INFO

Desired Court Date: 27 March 2014

Branch: 50-4 5555 W GRAND - Room

Court Sgt Handle? No

Initial Court Date: 04 March 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

ARREST REPORTING

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #14979 RITCHEY, M R 04 MAR 2014 03:24

ARRESTING OFFICER(S):

1st Arresting Officer: #14979 RITCHEY, M R Beat 4355I

2nd Arresting Officer: #16773 KIERES, G L Beat 4355M

APPROVING SUPERVISOR:

Approval of Probable Cause : #2204 OSEGUERA, A J 04 MAR 2014 03:28

REPORTING PERSONNEL

ARREST PROCESSING REPORT

Holding Facility: District 025 Male Lockup
Received in Lockup: 04 March 2014 04:21
Prints Taken: 04 March 2014 05:46
Palprints Taken: Yes
Photograph Taken: 04 March 2014 06:12
Released from Lockup: 04 March 2014 07:26

Time Last Fed:
Time Called: 04 March 2014 06:00 Phone#: [REDACTED]
Cell #: 3-2
Transport Details : 2PO 2522 03-MAR-2014 22:34

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? Yes
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant? No
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Irrate Combative Upon Entering The Lock Up And Refused All Processing Procedure

LOCKUP KEEPER COMMENTS:

04 MAR 2014 06:13 STAUNTON, James M Call To Girl Friend At 0600 Hrs.

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		WILLABY, H D	
Lockup Keeper:	#5516	ROSALES, A B	
Assisting Arresting Officer:	#14664	CASEY, K A	2522
Assisting Arresting Officer:	#15746	SENG, E P	2562D
Assisting Arresting Officer:	#5516	ROSALES, A B	2502
Assisting Arresting Officer:	#6896	PICICCO, L	4355H
Assisting Arresting Officer:	#7993	SURMA, T A	2522
Assisting Arresting Officer:	#9118	DALY, A M	2562D
Detective Notified:	#21138	NAUGHTON, M P	5365
Fingerprinted By:		STAUNTON, J M	
Detective :	#20238	Kolliopoulos, Demetrios	04 MAR 2014 04:45 5321

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#1057	DINEEN, T K	04 MAR 2014 06:40

ILLINOIS DEPARTMENT OF CORRECTIONS
Report of Extraordinary or Unusual Occurrences

EO # 14-009
Log # 1067772

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Standards
1301 Concordia Court, P. O. Box 19277
Springfield, Illinois 62794-9277
Telephone: (217) 558-2200, ext. 4212
Fax: (217) 522-3906

Check one: ☐ County
☐ Municipal (except Chicago)
☒ Chicago Police Department, include
R.D. Number: [REDACTED]

Facility Name: Grand Central District Telephone #: 312 746 8605

Address: 5555 W Grand Ave Chicago IL 60639
Street City State Zip Code

Date of Occurrence: Mar 04, 2014 Time of Occurrence: 12:15 ☒ a.m. ☐ p.m.

Type of Occurrence: ☐ Suicide (method) ☐ Suicide Attempt (method)
☐ Homicide ☐ Homicide Attempt ☐ Escape ☐ Escape Attempt ☐ Fire ☐ Serious Injury
☒ Battery ☐ Riot or Rebellion ☐ Sex Offense ☒ Assault on Staff ☐ Assault among Detainees
☐ Fighting among Detainees ☐ Restraints Used ☐ OC Spray Used ☐ Other (specify): _____

Detainees Involved			
Name	Date of Birth	Date Confined	Arresting Charge
Ousley, Gregory	Jan 13, 1983	Mar 03, 2014	Battery, Resisting Arrest, Agg Battery to PO's

Any injuries? ☐ No ☒ Yes, (briefly describe): Cut to lip

Any resulting death? ☒ No ☐ Yes, attach coroner's report or forward upon completion and explain below:

Name of deceased: _____

Specific cause of death: _____

Date & time of death: _____

Was deceased on suicide watch at or immediately before time of death? ☐ Yes ☐ No

Reported by: _____

Was deceased examined by a physician? ☐ No ☐ Yes, on: _____

Did deceased display signs of illness? ☐ No ☐ Yes, describe: _____

CHICAGO POLICE DEPARTMENT

ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE		
	IUCR: 1330 - Criminal Trespass - To Land		
	1812 - Narcotics - Poss: Cannabis More Than 30gms 3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
	Occurrence Location: 220 - Gas Station	Beat: 1531	Unit Assigned: 4355M RO Arrival Date: 03 March 2014 22:17
Occurrence Date: 03 March 2014 22:16		# Offenders: 1	

NON-OFFENDER(S)	VICTIM - Business		
	Name:		Contact Person:
	Beat: 1531		
	CPD Officer: No		
	Other Communications and Availability		
	Residence Phone:		
NON-OFFENDER(S)	WITNESS - Individual		
	Name:		Demographics
	Res:	Beat: 0832	Male Black 5'08, 250 lbs Brown Eyes Brown Hair Short Hair Style Medium Brown Complexion
	Empl:	Beat: 1531	DOB: Age: 51 Years Birth Place: Illinois
	Security - Not Armed		
	CPD Officer: No		

INJURY(S)	
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SUSPECT(S)	
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Chicago Police Department - Incident Report

SUSPECT(S)	Suspect # 1		In Custody	
	Name: [REDACTED] Res: [REDACTED] Beat: 2533	Demographics Male Black 6'03, 185 lbs , Brown Eyes Brown Hair Short Hair Style Medium Brown Complexion		

NARCOTICS	Narcotics #1		Possessor/User [REDACTED]	
	Type: Cannabis/Generic Weight: 57 Grams Container Containing Packages: Large Ziplock Bag	Location found: 5035 W Division Packaging: Zip-Lock Plastic Bag(S) Owner: Gregory Ousley Quantity: 57		Taken/Stolen? No Recovered? Yes

NON-OFFENDERS	BUSINESS LICENSE HOLDER - Business			
	Name: [REDACTED] Bus: [REDACTED] Beat: 5100 Contact: [REDACTED] Business Phone : [REDACTED]			
Business License Info				
	Licence #	Type	Issued By	Expires
	[REDACTED]	Filling Station	City Of Chicago	15 May 2015

NARRATIVES	<p>[REDACTED] IN SUMMARY R/O'S AT ABOVE LOCATION OUTSIDE, OBSERVE [REDACTED] (OFFENDER) IN A VERBAL/PHYSICAL CONFRONTATION WITH [REDACTED] (WITNESS/ SECURITY GUARD). [REDACTED] (WITNESS/ SECURITY GUARD) RELATED TO [REDACTED] (OFFENDER) MULTIPLE TIMES TO LEAVE (FIRM [REDACTED] (VICTIM AND COMPLAINANT/ CITGO GAS STATION) AT ABOVE LOCATION. GREGORY OUSLEY(OFFENDER) WAS NOT COMPLIANT WITH [REDACTED] (WITNESS/SECURITY GUARD). R/O'S ONVIEWED CONFRONTATION WHILE ON PATROL. FIRM THAMAR INC (VICTIM AND COMPLAINANT/CITGO GAS STATION) RELATED TO P/O RITCHEY THAT THEY WANTED [REDACTED] (OFFENDER) ARRESTED AND WANTED TO SIGN COMPLAINTS AGAINST OFFENDER. R/O'S GAVE VERBAL COMMANDS TO [REDACTED] (OFFENDER) TO SHOW THEM HIS HANDS THAT WERE IN OFFENDERS POCKETS. [REDACTED] (OFFENDER) FAILED TO COMPLY WITH VERBAL COMMANDS. R/O KIERES, R/O RITCHEY, AND R/O PICICCO ATTEMPTED TO DETAIN THE SUBJECT AT WHICH TIME THE SUBJECT BEGAN STIFFENING HIS ARMS, PULLING AWAY AND FLAILING HIS ARMS IN AN ATTEMPT TO DEFEAT R/O'S. R/O KIERES AND R/O PICICCO PERFORMED AN EMERGENCY TAKE DOWN ALONG WITH EMERGENCY HANDCUFFING IN ORDER TO GAIN CONTROL OF THE OFFENDER. R/O'S USED OPEN HAND STRIKES TO BODY AND LEGS WHILE OFFENDER WAS RESISTING ARREST. ONCE [REDACTED] (OFFENDER) WAS HANDCUFFED, R/O'S PERFORMED A CUSTODIAL SEARCH. P.O. RITCHEY THEN RECOVERED A ZIPLOCK BAG CONTAINING 57 SMALLER ZIPLOCK BAGS OF GREEN LEAFY SUBSTANCES. ESTIMATED AT 57 GRAMS OF SUSPECT CANNABIS DURING CUSTODIAL SEARCH. SUBJECT CANNABIS WAS IN [REDACTED] (OFFENDER) LEFT JACKET POCKE [REDACTED] (OFFENDER) APPEARED TO BE UNDER THE INFLUENCE OF NARCOTICS DURING ARREST. R/O'S REQUESTED FOR CFD AMBULANCE TO RESPOND DUE TO [REDACTED] BEING UNDER THE INFLUENCE. CFD AMBULANCE 15 RESPONDED AND TRANSPORTED [REDACTED] (OFFENDER) TO WEST SUBURBAN ER, TREATED AND RELEASED BY DR. SHELBY KAPLAN IN ER. P.O. GREGORY OUSLEY(OFFENDER) WAS TRANSPORTED BY 2522 TO 025 DISTRICT FOR PROCESSING. SUBJECT CLEAR IN GIPP/TRAPP, NO 2DA. COURT DATE 27MAR2014, 50-4, 1300HRS. INVENTORY #</p>
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Chicago Police Department - Incident Report

NARRATIVES

██████████ FOR PERSONAL PROPERTY. INVENTORY # 13119636 FOR SUSPECT CANNABIS
FIRST ARRESTING OFFICER - STAR#: 14979 NAME: MARK RITCHEY BEAT: 4355I
SECOND ARRESTING OFFICER - STAR#: 16773 NAME: GEOFFREY KIERES BEAT: 4355M
REPORTING OFFICER - STAR#: 6896 NAME: LUIGI PICICCO BEAT: 4355H
ASSISTING OFFICER - STAR#: 14664 NAME: KELLY CASEY BEAT: 2522
ASSISTING OFFICER - STAR#: 7993 NAME: THOMAS SURMA BEAT: 2522

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	16773	██████████	KIERES, Geoffrey, L	██████████	04 Mar 2014 02:30	413	4355M

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence 5555 W Grand Ave Location: Chicago IL 280 - Police Facility/Veh Parking Lot Occurrence Date: 04 March 2014 00:15	Beat: 2515	Unit Assigned: 4355H RO Arrival Date: 04 March 2014 00:20 # Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		
	Name: PICICCO, Po Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 Sobriety: Sober CPD Officer: No		Demographics Male Age: 33 Years
	VICTIM - Individual		
	Name: ROSALES, Po Res: 5555 W Grand Ave Chicago IL Sobriety: Sober CPD Officer: No		Demographics Age: 38 Years
	VICTIM - Individual		
	Name: KIERES, Po Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 Sobriety: Sober CPD Officer: No		Demographics Age: 29 Years
	VICTIM - Individual		
	Name: RITCHEY, Po Res: 5555 W Grand Ave Chicago IL 312 - 746 - 8605 Sobriety: Sober CPD Officer: No		Demographics Age: 29 Years

SUSPECT(S)			

Chicago Police Department - Incident Report

SUSPECT(S)	Suspect # 1		In Custody	
	Name: [REDACTED] Res: [REDACTED]	Beat: 2533	Demographics Male Black 6'03, 185 lbs , Brown Eyes Black Hair Short Hair Style Dark Brown Complexion	DOB: [REDACTED] Age: 31 years Birth Place: Illinois State Id - [REDACTED] Suspected of Using: Drugs/Narcotics

RELATIONSHIP	PICICCO, Po	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	ROSALES, Po	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	KIERES, Po	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	RITCHEY, Po	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

NOTIFICATIONS	Request Type Notification	Unit 630	Agency Name Detective Area - North	Date 04 March 01:15	Star # 21138	Name NAUGHTON,
	Other Notifications May Be In Narrative.					

NARRATIVES	<p>IN SUMMARY; [REDACTED] (OFFENDER) WAS BEING HELD IN THE MALE HOLDING CELL WHILE AO'S WERE PROCESSING HIM IN 025. AO'S INFORMED BY OFFENDER THAT HE WAS ON PCP. OFFENDER REQUESTED TO THE AO'S THAT HE NEEDED TO USE THE WASHROOM. AO'S ALLOWED OFFENDER TO USE THE WASHROOM AND WHEN HE WAS FINISHED OFFENDER BEGAN TO NOT COMPLY WITH THE AO'S MULTIPLE VERBAL COMMANDS. AO'S REPEATEDLY CONTINUED TO GIVE VERBAL COMMANDS AND OFFENDER. OFFENDER BEGAN TO GET EXTREMELY AGGRESSIVE WHEN AO'S ATTEMPTED TO PLACE HIM BACK IN HANDCUFFS. OFFENDER BEGAN TO THROW HIS ELBOWS AND KICK HIS LEGS IN AN ATTEMPT TO INJURE THE AO'S AND ATTEMPT TO DEFEAT THE AO'S CUSTODY. OFFENDER STRUCK AO'S SEVERAL TIMES. AO'S DID AN EMERGENCY TAKE DOWN ON OFFENDER TO GAIN CONTROL. OFFENDER STIFFENED UP HIS UPPER BODY AND FLAILED HIS ARMS AND LEGS CONTINUOUSLY STRIKING THE AO'S IN AN ATTEMPT TO BREAK CUSTODY. OFFENDER STRUCK PO PICICCO (VICTIM AND COMPLAINANT) IN THE MIDDLE OF THE RIGHT ARM WITH HIS RIGHT ELBOW. OFFENDER STRUCK PO RITCHEY (VICTIM AND COMPLAINANT) IN THE LEFT SHOULDER AND LEFT ARM WITH HIS RIGHT FOOT AND RIGHT ELBOW. OFFENDER STRUCK PO KIERES (VICTIM AND COMPLAINANT) IN THE RIGHT SHOULDER AND WAS SCRATCHED ON HIS LEFT SIDE OF HIS FOREHEAD BY OFFENDERS LEFT FIST. AO'S USED OPEN HAND STRIKES, CLOSED HAND STRIKES, AND ARMBARS TO PLACE OFFENDER BACK IN CUSTODY. OFFENDER WAS ESCORTED INTO THE PRISONER LOCK UP AND PLACED IN A HOLDING CELL AT WHICH TIME (OFFENDER) SPIT BLOOD AND SALIVA AT PO ROSALES (VICTIM AND COMPLAINANT) (#5516) STRIKING HIM ON HIS FACE, NECK AND SHOULDER. AREA NORTH DETECTIVE NOTIFIED AT 0115 HRS NAUGHTON (#21138). DET. KOLLIPOULOS (#2238, BEAT 5321) ARRIVED AT 025 AT 0225 HRS. NAME CHECK THOUGH LEADS REVEALED NO 2DA/GIPP/NO INVESTIGATIVE ALERTS/NO WARRANTS. ET ORDERED THROUGH CITYWIDE 2 @0315 HRS.</p> <p>- STAR#: 14979 NAME: MARK RITCHEY BEAT: 4355I - STAR#: 16773 NAME: GEOFFREY KIERES BEAT: 4355M - STAR#: 6896 NAME: LUIGI PICICCO BEAT: 4355H - STAR#: 5516 NAME: ANTHONY ROSALES BEAT: 2502 - STAR#: 15746 NAME: ERICK SENG BEAT: 2562D</p>
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PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	6896	[REDACTED]	PICICCO, Luigi	[REDACTED]	04 Mar 2014 03:33	413	4355H

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
PICICCO	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
RITCHEY	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
KIERES	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]
ROSALES	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]



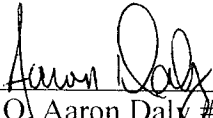
04 March 14

To: 025th District Commander Kevin Navarro

From: P.O. Aaron Daly #9118

Subject: Witness Statement: Battery to P.O's, RD# HX-171554

R/O was working on 04 Mar 14 as Bt. 2562D and inside the tactical office of he 025th District. While inside the office, R/O and R/O Seng #15746 heard yelling coming from inside the prisoner tank next to the tactical office. R/O responded with R/O Seng and observed the offender, now known [REDACTED] punching and kicking R/O Kieres #16773, R/O Ritchey #14979, and R/O Picicco #6896 about their person, in an attempt to defeat the arrest (reported under [REDACTED] and to cause each officer great bodily harm. R/O, along with R/O Seng #15746 helped re-detain [REDACTED] to help prevent any further injury, and continued to help R/O's with the immediate transport of the offender to the lock-up area. Once [REDACTED] was inside the lock-up, the offender proceeded to spit blood onto the right side of the face, neck and shoulder area of R/O Rosales #5516, after the offender was placed inside of the holding cell. There was no further incident.


P.O. Aaron Daly #9118

Approved:

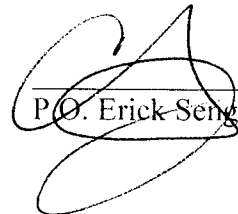
04 March 14

To: 025th District Commander Kevin Navarro

From: P.O. Erick Seng #15746

Subject: Witness Statement: Battery to P.O's, RD# HX-171554

R/O was working on 04 Mar 14 as Bt. 2562D and inside the tactical office of he 025th District. While inside the office, R/O and R/O Daly #9118 heard yelling coming from inside the prisoner tank next to the tactical office. R/O responded with R/O Daly and observed the offender, now known as Ousley, Gregory IR #1291545, punching and kicking R/O Kieres #16773, R/O Ritchey #14979, and R/O Picicco #6896 about their person, in an attempt to defeat the arrest (reported under [REDACTED] and to cause each officer great bodily harm. R/O, along with R/O Daly #9118 helped re-detain [REDACTED] to help prevent any further injury, and continued to help R/O's with the immediate transport of the offender to the lock-up area. Once [REDACTED] was inside the lock-up, the offender proceeded to spit blood onto the right side of the face, neck and shoulder area of R/O Rosales #5516, after the offender was placed inside of the holding cell. There was no further incident.

 #15746
P.O. Erick Seng #15746

Approved:

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 03-MAR-2014		TIME 22:18:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 220		4. BEAT/OCCUR 1531	
		5. POSITION 9161		6. LAST NAME KIERES		7. FIRST NAME GEOFFREY L		8. STAR NO. 16773		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 220			
		14. DATE OF APPT [REDACTED]		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 4355M		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. T		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
		25. D.O.B. [REDACTED]		26. HT. 603		27. WT. 185		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	
WEAPON DISCHARGE INCIDENT		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]	
		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 02 Under Influence		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>	
CASE INFO.		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		38. DNA <input type="checkbox"/>		39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION		41. WEAPON TYPE		42. INCIDENT OCCURRED	
70. EVENT NO.		71. R.D. NO.		72. NOTIFICATIONS (OC OR TASER INCIDENT):		73. REPORTING MEMBER (Print Name)		74. REVIEWING SUPERVISOR (Print Name)		75. DATE REVIEWED	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 00:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT
☐ OFFICER BATTERY REPORT
☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT
☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 03-MAR-2014		TIME 22:18:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 220		4. BEAT/OCCUR 1531	
		5. POSITION 9161		6. LAST NAME PICICCO		7. FIRST NAME LUIGI		8. STAR NO. 6896		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
SUBJECT INFORMATION		11. AGE [REDACTED]		12. HT. [REDACTED]		13. WT. 205		14. DATE OF BIRTH [REDACTED]		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 4355H	
		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME [REDACTED]		21. M.I. T		22. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
REASON FOR USE OF FORCE (Check all that apply)		24. D.O.B. [REDACTED]		25. HT. 603		26. WT. 185		27. ADDRESS [REDACTED]		28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
		30. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		33. BY WHOM? [REDACTED]		34. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		35. CB NO. [REDACTED]	
SUBJECT'S ACTIONS		36. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		37. ACTIVE RESISTER <input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		38. ASSAILANT-ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		39. ASSAILANT-BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		40. ASSAILANT-DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		41. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	
		42. OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		43. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		44. KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)		45. FIREARM <input type="checkbox"/> OTHER _____					
WEAPON DISCHARGE INCIDENT		39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]						40. ADDITIONAL INFORMATION [REDACTED]					
		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
CASE INFO.		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) [REDACTED]	
		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	
SIGNATURES		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
SIGNATURES		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.											
		71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.											
SIGNATURES		72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
		73. REPORTING MEMBER (Print Name) PICICCO, LUIGI STAR/EMPLOYEE NO. 6896 SIGNATURE [REDACTED] 03-MAR-2014 23:49:52											
SIGNATURES		74. REVIEWING SUPERVISOR (Print Name) TALIAFERRO, CHRISTOPH STAR NO. 938 SIGNATURE [REDACTED] DATE REVIEWED 03-MAR-2014 23:59:48 TIME											
		75. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

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75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 00:13:05

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT		TIME 22:18:00		2. ADDRESS OF OCCURRENCE		3. LOCATION CODE 220		4. BEAT/OCCUR 1531	
		5. POSITION 9161		6. LAST NAME RITCHEY		7. FIRST NAME MARK R		8. STAR NO. 14979		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		10. RACE CODE WHI		11. AGE 509		12. HT. 175		13. WT. 175		14. DATE OF APPT.	
		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 044 43551		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		20. LAST NAME OUSLEY		21. FIRST NAME GREGORY		22. M.I. T		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
		25. D.O.B.		26. HT. 603		27. WT. 185		28. ADDR.		29. TELEPHONE NO.	
WEAPON DISCHARGE INCIDENT		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? BY WHOM?		34. BY WHOM?	
		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED		37. CB NO.		IR NO.		DNA	
CASE INFO.		38. DNA		39. DNA		40. DNA		41. DNA		42. DNA	
		43. DNA		44. DNA		45. DNA		46. DNA		47. DNA	
SIGNATURES		48. DNA		49. DNA		50. DNA		51. DNA		52. DNA	
		53. DNA		54. DNA		55. DNA		56. DNA		57. DNA	
WEAPON DISCHARGE INCIDENT		58. DNA		59. DNA		60. DNA		61. DNA		62. DNA	
		63. DNA		64. DNA		65. DNA		66. DNA		67. DNA	
WEAPON DISCHARGE INCIDENT		68. DNA		69. DNA		70. DNA		71. DNA		72. DNA	
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WEAPON DISCHARGE INCIDENT		78. DNA		79. DNA		80. DNA		81. DNA		82. DNA	
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WEAPON DISCHARGE INCIDENT</											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject was totally confused as to where he was or what had just happened. He only responded to questions by asking What? Where? Why? Subject was extremely high and was not aware of what had happened at the gas station.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 00:13:38

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR										
		00:15:00						280		2515										
MEMBER INVOLVED	5. POSITION	6. LAST NAME	7. FIRST NAME		8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.										
	9161	KIERES	GEOFFREY L		16773	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	1	510	220										
SUBJECT INFORMATION	14. DATE OF APPT.		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT		17. DUTY STATUS		18. MEMBER INJURED?		19. MEMBER IN UNIFORM?									
	15-MAR-2013				044 4355M		<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME		21. FIRST NAME		22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.										
						<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK		603	185										
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651				29. TELEPHONE NO.		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, MOUTH (SPIT, BITE, ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED				37. CB NO.		IR NO.		DNA											
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>				WEAPON <input type="checkbox"/>			
	OTHER _____				OTHER _____								OTHER _____							
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input checked="" type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input checked="" type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER _____			
	ESCORT HOLDS <input checked="" type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
	WRISTLOCK <input checked="" type="checkbox"/>				CANINE <input type="checkbox"/>															
WEAPON DISCHARGE INCIDENT	PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>															
	CONTROL INSTRUMENT <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>															
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>				TASER (Laser Targeted) <input type="checkbox"/>															
	OTHER _____				TASER (Spark Displayed) <input type="checkbox"/>				OTHER _____											
CASE INFO.	39. <input checked="" type="checkbox"/> DNA				40. ADDITIONAL INFORMATION															
	POSITION				STAR NO.				UNIT											
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE							
SIGNATURES	49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.				58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)							
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)															
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.				NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) KIERES, GEOFFREY L				STAR/EMPLOYEE NO. 16773				SIGNATURE											
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) OSEGUERA, ALBERT J				STAR NO. 2204				SIGNATURE				DATE REVIEWED TIME 04-MAR-2014 02:04:16							

CPD-11.377 (REV. 10/07)

CPD 0311708

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 02:28:43

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) KIERES, GEOFFREY L		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 16773		ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 4355M	BEAT OF OCCURRENCE 2515	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE [REDACTED]	TIME 00:15:00
HEIGHT 510	WEIGHT 220	DAY OF WEEK TUESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 4	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 2	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 2 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER PROCESSING PRISONER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 720 ILCS 5.0/21-3-A-2- CRIMINAL TRESPASS TO LAND ORIGINAL IUCR CODE CRIMINAL TRESPASS - TO LAND <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input checked="" type="checkbox"/> D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	RACE BLACK	
		DOB [REDACTED]	
		CB NO. [REDACTED] IR NO. [REDACTED]	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER	
		<input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL	
		<input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: 12°F	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE KIERES, GEOFFREY L	STAR NO. 16773	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE PLATT, MARY E	STAR NO. 577
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TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 04-MAR-2014		TIME 00:15:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 280		4. BEAT/OCCUR 2515	
		5. POSITION 9161		6. LAST NAME PICICCO		7. FIRST NAME LUIGI		8. STAR NO. 6896		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 600		13. WT. 205			
		14. DATE OF APPT. 14-DEC-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 4355H		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. T		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK	
		25. D.O.B. [REDACTED]		26. HT. 603		27. WT. 185					
SUBJECT INFORMATION		28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, MOUTH (SPIT, BITE, ETC), FEET) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. IR NO. [REDACTED]	
REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY	
				ASSAILANT: DEADLY FORCE							
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
				STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
				MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input checked="" type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>		KICKS <input type="checkbox"/>	
				ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>					
				ARMBAR <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>					
				CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>					
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>					
				OTHER _____		OTHER _____					
WEAPON DISCHARGE INCIDENT		39. <input checked="" type="checkbox"/> DCA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]					
		POSITION		STAR NO.		UNIT					
WEAPON DISCHARGE INCIDENT		41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
		01 REVOLVER <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR	
WEAPON DISCHARGE INCIDENT		02 RIFLE <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
		03 SHOTGUN <input type="checkbox"/>		07 OTHER <input type="checkbox"/>							
WEAPON DISCHARGE INCIDENT		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED	
WEAPON DISCHARGE INCIDENT		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)			
		01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/>						01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/>			
WEAPON DISCHARGE INCIDENT		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
		01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON			
				01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. <input type="checkbox"/>		01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>		01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <input type="checkbox"/>			
CASE INFO.		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
SIGNATURES		73. REPORTING MEMBER (Print Name) PICICCO, LUIGI		STAR/EMPLOYEE NO. 6896		SIGNATURE [REDACTED]					
		04-MAR-2014 01:03:46									
SIGNATURES		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
		74. REVIEWING SUPERVISOR (Print Name) OSEGUERA, ALBERT J		STAR NO. 2204		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAR-2014 02:05:08		TIME	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE



DATE COMPLETED TIME

04-MAR-2014 02:29:19

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) PICICCO, LUIGI		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 6896	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/> [] []	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 4355H	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE [REDACTED] TIME 00:15:00 DAY OF WEEK TUESDAY
HEIGHT 600	WEIGHT 205	NO. OF OFFICERS BATTERED 4	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 2	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 2 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>PROCESSING PRISONER</u>		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF ACTIVITY		FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 720 ILCS 5.0/21-3-A-2- CRIMINAL TRESPASS TO LAND ORIGINAL IUCR CODE CRIMINAL TRESPASS - TO LAND <input type="checkbox"/> K. OTHER		<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
LIGHTING CONDITIONS AT INCIDENT		WAS THE OFFENDER'S ACTIVITY:	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		DRUG RELATED? GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
WEATHER CONDITIONS		NO. OF OFFENDERS PRESENT? 1	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 12°F			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE
PICICCO, LUIGI

STAR NO.
6896

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PLATT, MARY E 577

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 04-MAR-2014		TIME 00:15:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 280		4. BEAT/OCCUR 2515	
		5. POSITION 9161		6. LAST NAME RITCHEY		7. FIRST NAME MARK R		8. STAR NO. 14979		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 509		13. WT. 175			
		14. DATE OF APPT. 14-DEC-2012		15. EMPLOYEE NO. 111988		16. UNIT & BEAT OF ASSIGNMENT 044 43551		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. T		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 603		27. WT. 185			
WEAPON DISCHARGE INCIDENT		28. ADDRESS 5125 W CRYSTAL ST CHICAGO, IL 60651		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), MOUTH (SPIT,BITE,ETC), FEET. <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]	
CASE INFO.		38. DNA <input type="checkbox"/> DNA		39. DNA <input checked="" type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA		41. DNA <input type="checkbox"/> DNA		42. DNA <input type="checkbox"/> DNA	
		43. DNA <input type="checkbox"/> DNA		44. DNA <input type="checkbox"/> DNA		45. DNA <input type="checkbox"/> DNA		46. DNA <input type="checkbox"/> DNA		47. DNA <input type="checkbox"/> DNA	
SIGNATURES		48. DNA <input type="checkbox"/> DNA		49. DNA <input type="checkbox"/> DNA		50. DNA <input type="checkbox"/> DNA		51. DNA <input type="checkbox"/> DNA		52. DNA <input type="checkbox"/> DNA	
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WEAPON DISCHARGE INCIDENT		68. DNA <input type="checkbox"/> DNA		69. DNA <input type="checkbox"/> DNA		70. DNA <input type="checkbox"/> DNA		71. DNA <input type="checkbox"/> DNA		72. DNA <input type="checkbox"/> DNA	
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WEAPON DISCHARGE INCIDENT		88. DNA <input type="checkbox"/> DNA		89. DNA <input type="checkbox"/> DNA		90. DNA <input type="checkbox"/> DNA		91. DNA <input type="checkbox"/> DNA		92. DNA <input type="checkbox"/> DNA	
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WEAPON DISCHARGE INCIDENT		118. DNA <input type="checkbox"/> DNA		119. DNA <input type="checkbox"/> DNA		120. DNA <input type="checkbox"/> DNA		121. DNA <input type="checkbox"/> DNA		122. DNA <input type="checkbox"/> DNA	
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WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED TIME

04-MAR-2014 02:29:47

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) RITCHEY, MARK R		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 14979	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/> [REDACTED]	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 413	BEAT/CALL NO. 43551	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 04-MAR-2014	TIME 00:15:00
HEIGHT 509	WEIGHT 175	DAY OF WEEK TUESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		NO. OF OFFICERS BATTERED <u>4</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER PROCESSING PRISONER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 5.0/21-3-A-2- CRIMINAL TRESPASS TO LAND</u> ORIGINAL IUCR CODE <u>CRIMINAL TRESPASS - TO LAND</u> <input type="checkbox"/> K. OTHER		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>12 °F</u>	

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REPORTING MEMBER - SIGNATURE RITCHEY, MARK R	STAR NO. 14979	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE PLATT, MARY E	STAR NO. 577
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CPD-11.451 (REV. 1/04)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 04-MAR-2014		TIME 00:15:00		2. ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639				3. LOCATION CODE 280		4. BEAT/OCCUR 2515					
		5. POSITION 9161		6. LAST NAME ROSALES		7. FIRST NAME ANTHONY B		8. STAR NO. 5516		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE API		11. AGE [REDACTED]		12. HT. 509	
SUBJECT INFORMATION		14. DATE OF APPT. [REDACTED]		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2502		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
		20. LAST NAME OUSLEY		21. FIRST NAME GREGORY		22. M.I. T		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 603		27. WT. 185	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]					
WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
CASE INFO.		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SIGNATURES		WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER									

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

04-MAR-2014 02:30:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ROSALES, ANTHONY B		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 5516	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 5555 W GRAND AVE	
DATE OF APPOINTMENT [REDACTED]	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2502	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 2515
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE ASIAN/PACIFIC ISLAND	DOB [REDACTED]	DATE OF OCCURRENCE [REDACTED]
HEIGHT 509	WEIGHT 178	TIME 00:15:00	DAY OF WEEK TUESDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 4	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 5	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER MALE LOCK UP		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE 720 ILCS 5.0/21-3-A-2- CRIMINAL TRESPASS TO LAND ORIGINAL IUCR CODE CRIMINAL TRESPASS - TO LAND <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	RACE BLACK	
WEATHER CONDITIONS		DOB [REDACTED]	
<input type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		CB NO. [REDACTED] IR NO. [REDACTED]	
<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
APPROXIMATE OUTDOOR TEMPERATURE: 12°F		NO. OF OFFENDERS PRESENT? 1	

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REPORTING MEMBER - SIGNATURE ROSALES, ANTHONY B	STAR NO. 5516	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE PLATT, MARY E	STAR NO. 577
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TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT		TIME		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE		4. BEAT/OCCUR		
			00:15:00					280		2515		
	5. POSITION	6. LAST NAME		7. FIRST NAME		8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.	
	9161	SENG		ERICK P		15746	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI		511	215	
SUBJECT INFORMATION	14. DATE OF APPT.		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT		17. DUTY STATUS		18. MEMBER INJURED?		19. MEMBER IN UNIFORM?	
					025 2562D		<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME		21. FIRST NAME		22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.		
	OUSLEY		GREGORY			<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK		603	185		
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED?		31. SUBJECT INJURED?		32. SUBJECT ALLEGED INJURY?			
					<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION		01 Apparently Normal		<input checked="" type="checkbox"/> 02 Under Influence			
							<input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized		<input type="checkbox"/> 05 Refused Medical Aid			
WEAPON DISCHARGE INCIDENT	36. CHARGES PLACED											
	<input type="checkbox"/> DNA											
	37. CB NO.											
	IR NO.											
CASE INFO.	38. <input type="checkbox"/> DNA											
	39. <input checked="" type="checkbox"/> DNA											
	40. ADDITIONAL INFORMATION											
	41. WEAPON TYPE											
SIGNATURES	42. INCIDENT OCCURRED											
	43. LIGHTING CONDITIONS											
	44. WEATHER CONDITIONS											
	45. MAKE/MANUFACTURER											
46. MODEL												
47. BARREL LENGTH												
48. CALIBER/GAUGE												
49. TASER DART ID NO.												
50. WEAPON SERIAL No. (Include Letters)												
51. CHICAGO GUN REG. NO.												
52. IL FIREARM OWNER ID. NO.												
53. HANDGUN CERTIFICATE NO.												
54. SPECIAL WEAPON CERTIFICATE NO.												
55. PROPERTY INVENTORY NO.												
56. TYPE OF AMMUNITION USED												
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.												
58. TOTAL NO. OF SHOTS MEMBER FIRED												
59. WHO FIRED FIRST SHOT												
60. WAS FIREARM RELOADED DURING INCIDENT												
61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED												
62. HOW WAS MEMBER'S HANDGUN WORN												
63. HOW WAS MEMBER'S HANDGUN DRAWN												
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD												
65. DID MEMBER USE SIGHTS												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)												
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON												
69. POSITION OF MEMBER DISCHARGING WEAPON												
70. EVENT NO.												
71. RD. NO.												
72. NOTIFICATIONS (OC OR TASER INCIDENT):												
NOTIFICATIONS (FIREARM INCIDENT):												
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name)												
STAR/EMPLOYEE NO.												
SIGNATURE												
74. REVIEWING SUPERVISOR (Print Name)												
STAR NO.												
DATE REVIEWED												
TIME												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject repeatedly yelled "fuck you" and "I didn't do nuthin" when asked a question.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

04-MAR-2014 02:31:08

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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